UCC-3

STATE OF OREGON Corporation Division - UCC 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327 (503) 986-2200 Facsimile (503) 373-1166

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STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT

PLEASE TYPE OR WRITE LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This Financing Statement is presented to filing officer pursuant to the Uniform Commercial Code. This financing statement remains effective for a period of five years from the date of filling, unless extended for additional periods as provided for by ORS Chapter 79. A carbon, photographic, or other reproduction of this form, financing statement, or security agreement may be filed as a financing statement under ORS Chapter 79.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT	G. AMENDMENT INFORMATION
No.: <u>UCC-1: 35296 Vol M99</u> Date Filed: <u>Sep. 1, 1999</u>	Use this area to list collateral to be
B. TYPE OF AMENDMENT TERMINATION (NO FEE). The Secured Party certifies that they no longer claim interest under the financing statement bearing the file number shown in SECTION A. CONTINUATION. Submitted within six months prior to expiration date. ASSIGNMENT. The Secured Party assigns to the Assignee whose name and address is shown in SECTION E and bearing the file number shown in SECTION A. Choose one: Full Assignment Partial Assignment RELEASE, RELEASE DOES NOT TERMINATE DEBT. From the collateral described in the financing statement bearing the file number shown in SECTION A, the Secured Party releases the following: (describe in SECTION G) Choose one: Release of all Collateral Partial Release AMENDMENT, Financing statement bearing file number shown in SECTION A is amended as described in SECTION G, Signature of Debtor required in most cases.	Released, Amendment description, and other information.
1. Drazil. Adolph	
2. 31	
3.	
DEBTOR MAILING ADDRESS: 29390 DeMerritt Rd., Malin, Oregon 97632	State of Oregon, County of Klamath Recorded 11/29/99, at //:034 m. In Vol. M99 Page 4 6 9 // Linda Smith, County Clerk Fee\$ 5
D. SECURED PARTY(IES) NAME AND ADDRESS Adolph of drazil In care, of: 29390 DeMerritt Road, near Contact Name: Malin, Oregon [97632] Phone No.:	
E. ASSIGNEE NAME AND ADDRESS (If any)	
Contact Name: Phone No.:	
F. SIGNATURES. In accordance with ORS Chapter 79, ALL SECURED PARTIES must s By: By: By: Secured Party(les) Signature By: Debtor Signature	h Krayd
By:	e(s) if required

OC_Adolph Drazil 29390 DeMerritt Rd. Malin, Or: 97632

FEES

Make check for \$10.00 payable to "Corporation Division." No fee for Termination.

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet of paper for your protection.

DO NOT SUBMIT DUPLICATES OF THIS FORM AND/OR ATTACHMENTS.